

Policy and Procedure	Date Issued 1/1/2010	Section Provider Network	Policy Number QA-3	Page 1
Milwaukee County Behavioral Health Division SAIL	Date Revised	Subject: Client Record / Documentation		

1. POLICY:

It is the policy of the Behavioral Health Division (BHD) Community Services Branch that Providers are responsible for maintaining a current, complete, and accurate client record. Providers must retain all documentation necessary to adequately demonstrate the time, duration, location, scope, intervention, and effectiveness of services rendered to a client. Providers are responsible for following all applicable case record and/or documentation requirements as specified by: the Wisconsin State Statutes and Administrative Codes, the "No Contact" Case Management Policy (issued June 2007), and the Community Services Branch Documentation Standard (issued 12/1/07).

2. PROCEDURE:

- A. All Providers must maintain a client record for each client.
- B. Providers must ensure all client records are adequately safeguarded against destruction, loss, or unauthorized access or use.
- C. Client records, both current and discharged, must be accessible at any time for the purposes of audits / reviews by authorized representatives of the Milwaukee County Health and Human Services Department. Providers are required to produce paper copies of electronic records upon request.
- D. Providers that are utilizing electronic signatures must have established policies and procedures regarding the use and authentication of electronic signatures. These policies and procedures must be made available upon request.
- E. All client-related activities and contact must be documented in the client record. Documentation reflective of service provision must be in the client record before a service is billed.
- F. Progress notes must include the name of the client, the date of service, times of session (**start and end time**), duration of session, location of service (e.g. office), summary of contact with the client, and Direct Service Provider's signature (the individual actually providing the service). Each progress note must be signed separately with a handwritten or electronic signature. Progress notes must be kept in chronological order with the most recent progress note on top.
- G. Providers must follow all client record content and documentation requirements as specified by the Provider Network **Service Description** for each service provided to the client.
- H. Providers are responsible to ensure adequate and accurate documentation is maintained in the client record per statutory requirements.
- I. ***For any services with an hour or ¼ hour billing units and Community Employment, Child Care, and Respite Care (billing by the day) ONLY***, documentation for each billing episode must include a progress note and client sign in sheet. This does not include Case Management Services. Sign in sheets must be used for each session with a client. The client or caregiver (Child and Respite Care) should fill in the date of service, time in and time out of session, and sign in the client signature space. A staff member of the agency must witness the signature, sign in the witness space, and identify the purpose of the session. (See attached **sample** form) The sign in form used by the Provider agency must include all required elements (Service date, time in, time out, client signature, purpose of the session,

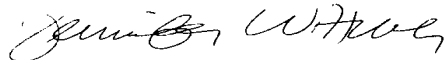
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and witness). Any pre-signing or unauthorized signing of the client sign in form is considered fraudulent. The date and times on the progress note must match the date and times on the client sign in sheet.

- J. Failure to complete necessary documentation can result in recoupment of any payments made to a Provider.

Attachment: * Sample - Milwaukee County SAIL Client Sign In Sheet

Reviewed & Approved by:



**Jennifer Wittwer, Associate Director
Adult Community Services Branch**

MILWAUKEE COUNTY SAIL CLIENT SIGN IN SHEET

This sheet must be used for each session with a client. Client should complete the following: *Date, Time In and Out, and Client Signature*. Only one session box can be signed each time. Any Pre-Signing of the form is fraudulent.

Client's Name _____ ID Number _____

New Contact Information? Please provide your updated address and phone number:

Address: _____

Phone Number: _____

Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____	Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____
Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____	Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____
Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____	Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____
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